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ABSTRACT

This booklet presents information for those wishing to develop public education programs on breast cancer. The booklet's five chapters discuss: (1) public knowledge, attitudes, and practices; (2) program planning; (3) a framework for planning and implementing public information and education programs; (4) considerations for planning information programs; and (5) the National Cancer Institute's Breast Cancer information materials and education programs, which include a slide tape or videocassette presentation, a user's guide, a pamphlet, two posters, the "Breast Cancer Digest" (for health professionals), a print ad, a coordinator's guide, and a brochure and certificates for nurses. (CB)

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A GUIDE FOR

DEVELOPING PUBLIC EDUCATION PROGRAMS ON BREAST CANCER

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A GUIDE FOR DEVELOPING PUBLIC EDUCATION PROGRAMS ON BREAST CANCER

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health
Office of Cancer Communications
National Cancer Institute

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INTRODUCTION

Public information and education programs are essential to improve understanding about breast cancer, reduce public fears, and promote action toward early detection. Further, education programs targeted to public audiences can help individuals cope with the emotional trauma that usually accompanies a symptom or a diagnosis of breast cancer.

The progress that has been made in breast cancer detection, treatment, and rehabilitation is evident in the breadth and quality of public information and education programs developed in recent years. Evaluation research to determine the effectiveness of alternative intervention strategies yields additional insight for program planning. Still, much needs to be done. Data on public knowledge, attitudes, and practices regarding breast cancer indicate several critical gaps. Well-planned communication programs can further progress.

In 1979 the National Cancer Institute (NCI) sponsored a comprehensive national study of public knowledge, attitudes, and practices related to breast cancer to guide future public education efforts. Additionally, NCI's Office of Cancer Communications has learned a great deal about public information and education on breast cancer from regular literature reviews, exploratory and formative research, and field studies on the impact of public information and education programs.

This booklet has been developed to provide direction for developing public information and education materials and programs about breast cancer. It synthesizes the most current data available on public knowledge, attitudes, and behavior related to breast cancer; it addresses the implications of these data for public information program planning; and it provides recommendations for program objectives, target audiences, and communication strategies. A framework for planning and implementing breast cancer programs is described, along with examples that illustrate NCI's use of this framework. Guidelines for using the mass media and interpersonal communication channels are also reviewed. The final chapter contains descriptions of data-based materials and programs.

It is NCI's hope that this booklet will help you plan public information and education programs on breast cancer. We at NCI are interested in improving NCI programs, learning about your programs and providing guidance to local programs as needed. Please feel free to write or call. Together we can contribute to the progress being made against breast cancer.

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CHAPTER 1

NATIONAL SURVEY ON BREAST CANCER: PUBLIC KNOWLEDGE, ATTITUDES, AND PRACTICES

Public awareness of breast cancer has increased significantly in recent years. Media coverage of Betty Ford's and Happy Rockefeller's mastectomies in 1974 and the subsequent and frequent breast cancer stories in newspapers, in women's magazines, and on television and radio programs have been major vehicles for disseminating breast cancer information. Women's groups and national organizations concerned with health and social issues have also played an important role in increasing knowledge and changing attitudes by placing breast cancer education programs on their agendas.

A baseline measure of women's perceptions and practices regarding breast cancer was gathered in a national survey among American women sponsored by the American Cancer Society (ACS) in 1973. The results of this survey revealed limited practice of breast self-examination, fears of breast cancer, and major gaps in knowledge about the disease. In 1973, only 18 percent of the women surveyed said they regularly examined their breasts.[1]

In the fall of 1979 the National Cancer Institute sponsored a comprehensive National Survey on Breast Cancer to obtain more current data on public knowledge, attitudes, and practices related to breast cancer.[2] That survey was designed to measure changes since the American Cancer Society's 1973 survey. The survey included personal interviews with a national probability sample of 1,580 women and 720 husbands or partners. The sample was augmented with interviews among a non-random, stratified sample of 253 urban Black women and 419 Hispanic women. The latter three groups had never before been surveyed about breast cancer.

The following summary of key findings from the NCI National Survey on Breast Cancer provides the most current data available on public knowledge, attitudes, and behavior regarding breast cancer.* These data provide a guide for public information program planning at the national and local levels.

*Copies of the technical report of NCI's National Survey on Breast Cancer are available through the National Cancer Institute's Office of Cancer Communications.

GENERAL FINDINGS

- More than half of American men and women have known someone who has had breast cancer. Cancer is seen as the most serious medical concern of women, with breast cancer ranking as the most serious *cancer* concern.

- Although women perceive breast cancer as the most serious personal health threat they face, most women greatly underestimate the prevalence of breast cancer. Only about one quarter of women estimate that 1 of 11 women will develop breast cancer.

- In response to first impressions of what breast cancer brings to mind, "loss of breast" is mentioned more frequently than any other top-of-mind thought.

- Women in the national probability sample report receiving their health information from reading newspapers and women's magazines or from a doctor or clinic. Urban black and urban Hispanic women receive most of their health information from television or from a doctor or clinic.

RISK FACTORS AND CAUSES

- American women and men have low awareness about the risk of breast cancer as it relates to age.

- About 7 of 10 women are aware that women with family histories of breast cancer have increased risk of developing it themselves.

- Urban Hispanic women are not aware of the relationship between family history and the risk of breast cancer.

- The misconception that bumping or bruising a breast causes breast cancer is especially prevalent in urban Hispanic women, women over age 50, lower income women (under $7,500), women with less than high school education, and divorced or separated women.

- The misconception that caressing or fondling the breast can cause breast cancer is more prevalent among urban black women (1 in 3) than among urban Hispanic women (1 in 5), or white women (less than 1 in 10).

SIGNS OR SYMPTOMS

With the exception of breast lumps, the American public has low awareness (below 50 percent of each sample) of other signs of breast cancer.

AWARENESS OF BREAST SELF-EXAMINATION

A majority of respondents in each group surveyed said they had heard of breast self-examination (BSE). The 1979 survey indicated that 96 percent of the national probability sample of women had heard of BSE, compared with 77 percent in 1973. Awareness of BSE among minority women is somewhat lower—89 percent of urban black women, and 75 percent of urban Hispanic women have heard of it. Although awareness of the complete term "breast self-examination" is high, most women and men have low awareness of the acronym "BSE."

PRACTICE OF BREAST SELF-EXAMINATION

The National Cancer Institute's 1979 survey revealed improvements in awareness and knowledge from the 1973 American Cancer Society survey, but gaps in the practice of breast self-examination are still apparent.

- Almost one-quarter of women (24 percent) report practicing BSE monthly in 1979, compared with 18 percent in 1973.

- Women who receive BSE instruction from a doctor or nurse practice BSE monthly more often than women who learned in other ways.

- The vast majority (96 percent) of women who have practiced BSE report that they perform the procedure by using a circular motion, feeling around the breast and examining the nipples. About 7 in 10 mention the step of lying down or lying on a pillow as part of BSE. Awareness and reported practice of the following steps is much lower: standing upright in the shower (fewer than 40 percent); having the arm overhead or behind the head (fewer than 40 percent); checking under the arms (14 percent); and looking for changes or abnormalities in the breasts or nipples (11 percent).

- The majority of men express interest in helping their partners with BSE.

- Urban Hispanic women have low levels of confidence in their ability to perform BSE. They believe a doctor will discover a breast lump before a woman will, but many of these women also feel embarrassed when a doctor performs a breast exam.

- Urban black women tend to believe a woman has the same chance of discovering a breast lump as her doctor. In contrast, most women in the national probability sample said a woman would be at least as likely to discover a breast lump as her doctor.

- Factors that were found to influence monthly BSE practice positively include:

1. perceiving breast cancer as the most serious health problem women face;
2. feeling concern that one is personally likely to get cancer;
3. feeling that once a woman finds a lump, it is not too late to do something about it;
4. having a higher level of knowledge about breast cancer detection and treatment;
5. attaining awareness of the advantages of breast self-examination; and
6. receiving BSE instruction from a doctor or nurse.

MAMMOGRAPHY

- Over half of the women surveyed know about mammography, but less than one in five women are aware of it uses, benefits, and risks.

BIOPSY

- About 6 of 10 white and urban black women know that 8 of 10 breast lumps are not cancer. Only 4 of 10 urban Hispanic women were aware of that fact.

- About half of all respondents know that a biopsy is done to determine if a lump is cancer.

KNOWLEDGE OF BREAST CANCER TREATMENT

- The majority of women and men are aware of breast removal or surgery as a treatment for breast cancer; about 30 percent are aware of chemotherapy or radiation therapy as possible forms of treatment.
- Knowledge about the various forms of breast cancer treatment, the types of surgical procedures, and the term "mastectomy" is lower among urban black and Hispanic women.
- Urban black and Hispanic women also are much less knowledgeable about the factors that contribute to the extent of surgery a woman may have for breast cancer.

ATTITUDES TOWARD TREATMENT

- There is almost universal agreement among the public that progress in breast cancer treatment has been made in the past 10 years.
- Most women say they would seek a second medical opinion if their doctor recommended mastectomy.

- With the exception of urban Hispanic women, most women feel that doctors sometimes remove a breast unnecessarily.

- Most women say that if they were to be treated for breast cancer they would like to discuss breast removal with their partners as part of the process of determining their treatment. However, urban Hispanic women, women over age 65, and widowed women are more apt to leave the decision for breast removal up to their physician.

- Almost all women in the national probability sample believe that if a lump is found it is *not* too late to do something about it. However, 2 of 10 women in the urban Hispanic and urban black samples believe that once a lump is found it *is* too late to do something about it.

ATTITUDES TOWARD MASTECTOMY

- Women in all groups believe mastectomy will affect participation in sports and the ability to perform strenuous work.

- Most women believe mastectomy would be more difficult for a single woman than a married woman.

- The following groups are more likely to perceive that a mastectomy would affect a woman's sexual and social relationships with men:

1. urban Hispanic women,
2. women under age 35,
3. Catholic women, and
4. women who have never been married.

- Although men say that a mastectomy would not change a woman's attractiveness, they also report feeling that it would be more difficult for them if their partners had a mastectomy rather than a hysterectomy.

- Men and women alike share the following concerns for a woman after she has had a mastectomy:

1. high medical costs,
2. recurrence of cancer,
3. the state of a woman's health,
4. potential pain,
5. skin damage by radiation,
6. hair loss due to drug treatment, and
7. family problems.

- Urban Hispanic women and Jewish women were most likely to express a concern about looking unattractive after a mastectomy.

REHABILITATION AND RECONSTRUCTION

- The American public does not know a great deal about breast reconstruction or exercise and physical therapy as methods of rehabilitation.

- Awareness that a special bra or undergarment could be worn to restore a woman's appearance after mastectomy was low among the following groups:

1. men,
2. urban Hispanic women,
3. women under age 50,
4. women with some college education,
5. women with incomes between $15,000 and $24,000, and
6. widowed women.

- The majority of American women (53 percent) say they would not want to have breast reconstruction if they had a breast removed.

- Those who say they would have breast reconstruction say it would be for the purpose of appearance and for psychological reasons. Men agree, to an even greater extent, that it would be important psychologically to their wives or partners to have their normal appearances restored. Urban Hispanic women and women under age 35 are more likely to consider breast reconstruction.

CHAPTER 2

USING SURVEY DATA IN PROGRAM PLANNING

The findings of the National Survey on Breast Cancer provide direction for setting information and education program priorities. The survey identified:

- breast cancer information the public needs to know,
- fears and concerns that need to be allayed, and
- skills and behaviors that need to be adapted.

Clearly, the data regarding rates of regular, monthly practice of BSE indicate the need for public education efforts that promote the behavior. Further, health professionals can play a major role as teachers of BSE according to national survey data and other research regarding BSE practice. Further, these data provide another critical element: they pinpoint information and education needs by population segment so programs can be tailored to the needs of specific groups.

Based upon a comprehensive review of its 1979 National Survey and other research studies, the National Cancer Institute formulated a set of objectives, identified target audiences, and delineated communication strategies for public information and education about breast cancer. These program planning elements support the Institute's goal of encouraging detection of breast cancer in its earliest stage and of providing information to the general public that will help women make appropriate decisions if they have a symptom of breast cancer. All or any one of the following program planning elements could be suitable for a community-based program, depending on local audience needs.

OBJECTIVES

The NCI program objectives are to increase awareness and improve attitudes about breast cancer in order to:

- Increase detection practices, including:
  1. thorough monthly breast self-examination,
  2. routine breast exam by a health professional,
  3. instruction in BSE techniques by health professionals, and
  4. mammography when recommended and appropriate.
- Reduce delay time in seeking medical consultation for breast cancer symptoms.
- Improve the ability to deal effectively with the medical and psychological aspects of breast disease should a symptom be discovered.

TARGET AUDIENCES

Target audiences can be selected by degree of risk to breast cancer; by deficit in levels of knowledge, attitudes, and behavior; or by necessity—i.e., the organization's mandate to serve certain groups. In selecting a target audience, planners should consider program objectives along with the special needs of particular groups of women (e.g., literacy, age, marital status, etc.). The National Cancer Institute has selected adult women over age 18 as the primary target audience for breast cancer public education. Specific target audiences within that group which require special attention include:

- ***Women over age 35.*** Since risk to breast cancer increases as a woman approaches age 50, it is important to focus on these women as their risk status increases.

- ***Women with less than a high school education and low family income.*** According to NCI's National Survey on Breast Cancer, these women consistently had lower awareness scores and reported less than average monthly BSE practice.

- ***Hispanic women.*** In NCI's National Survey on Breast Cancer, Hispanic women consistently had low awareness scores and lower than

average reported monthly BSE practice. In addition, they reported embarrassment during physician breast examinations and a tendency to leave health decisions to their doctors.

COMMUNICATION STRATEGIES

Communication, or message, strategies delineate the information to be communicated to achieve program objectives. The 1979 National Survey results reveal areas of low awareness and misconceptions among American women—areas that can be addressed in information and education programs. The communication strategies listed below are inclusive and listed in order of priority for reaching public audiences. Community programs should select certain strategies over others by determining the specific needs of their audiences and concentrating on those needs.

COMMUNICATE: PROGRESS IS BEING MADE AGAINST BREAST CANCER

- Early detection can improve chances for survival through the following techniques:

  1. breast self-examination,
  2. breast examination by a health professional,
  3. BSE instruction by a health professional, and
  4. mammography.

- Breast cancer treatments have improved substantially and play a critical role in increasing a patient's chances for survival. Women are living longer with the disease than ever before.

- Advances in treatment, such as lesser surgery and use of radiation therapy, have resulted in:

  1. improved physical appearance,
  2. improved physical capacity, and
  3. improved psychosocial well-being.

- Breast cancer patients can continue to lead active lives after treatment.

- Breast reconstruction can create a more normal physical appearance and improve psychosocial well-being.

COMMUNICATE: HOW TO TAKE ADVANTAGE OF THE PROGRESS BEING MADE AGAINST BREAST CANCER

- Know the following breast cancer risk factors:

  1. over age 50,
  2. family history of breast cancer, or
  3. personal history of breast cancer.

- Know that bumping, bruising, and fondling the breast cannot cause breast cancer.

- Know the following signs of breast cancer:

  1. a lump in the breast,
  2. a change in the breast shape or contour, and/or
  3. a discharge from the nipple.

- Request breast palpation and BSE instruction as part of the regular medical exam.

- Learn and practice thorough monthly breast self-examination techniques.

- Inquire and decide whether mammography should be part of the regular medical exam.

- Seek prompt medical consultation if a sign of cancer is discovered.

- Understand that a patient can help make treatment decisions.

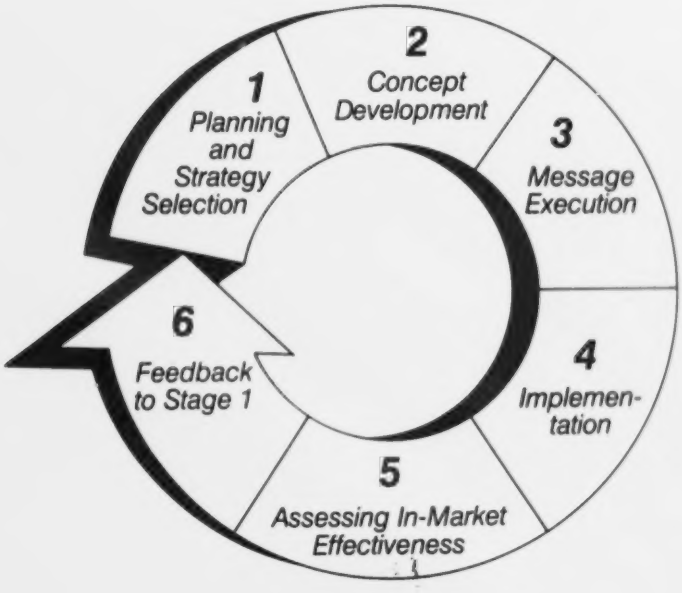
- Understand and take an active role in the rehabilitation process.

CHAPTER 3

A FRAMEWORK FOR PLANNING AND IMPLEMENTING PUBLIC INFORMATION AND EDUCATION PROGRAMS

An essential ingredient for producing effective breast cancer information and education programs is to base them on an understanding of the target audiences' information needs, wants, and behaviors. Further, research on target audience perceptions and comprehension of program materials is needed at critical junctures in the process of program development and implementation.

Toward this end, the Office of Cancer Communications of the National Cancer Institute uses a six-stage framework for planning, developing, implementing, and evaluating public and patient education programs: ***Stage 1,*** Planning and Strategy Selection; ***Stage 2,*** Concept Development; ***Stage 3,*** Message Execution; ***Stage 4,*** Implementation; ***Stage 5,*** Assessing In-Market Effectiveness; and ***Stage 6,*** Replanning and Feedback to Stage 1. The six stages are a circular and continuous process of replanning and improvement.



For a further detailed description of each stage and the several techniques for program and material pretesting, see NCI's booklet, *Pretesting in Health Communications: Methods, Examples, and Resources for Improving Health Messages and Materials.**

PLANNING AND STRATEGY SELECTION STAGE 1

During this initial stage, program objectives, target audiences, and communication strategies are formulated based on a thorough analysis of available research on public knowledge, attitudes, and behavior. These three tools guide development of all materials and program components. Often, program planners find that available research data are outdated, inconclusive, or unable to provide enough direction for formulating program objectives or for identifying target audiences. It then might be necessary to conduct a research study with members of the target audience to determine thoughts and perceptions regarding the subject. The findings are then synthesized to guide program development.

CONCEPT DEVELOPMENT STAGE 2

On the basis of stage 1 planning, ideas or concepts for a program are developed. Such concepts often include statements describing the program, a program theme line, or rough art work and copy describing the idea for a breast cancer message. Several concepts that use different approaches and have different appeals should be developed based on the communication strategy.

Before program development proceeds further, it is useful to pretest these ideas and concepts with typical individuals from the target audience. The term "pretesting" is used to describe the process of systematically gathering target audience reactions to messages and materials before they are produced in final form. Individual or group interviews probe target audience perceptions and reactions to the concepts. Based on these interviews, program planners can identify the ideas with the most potential and weed out weaker approaches.

*Available free by writing to the National Cancer Institute's Office of Cancer Communications.

MESSAGE EXECUTION STAGE 3

Once concepts and program ideas with the most potential have been selected, staff writers and artists can begin to develop program materials. Draft materials present a second opportunity for obtaining target audience reactions to rough versions of materials before they are produced in final form.

For instance, the audio portion of a slide-tape presentation can be recorded in a nonstudio setting and with nonprofessional talent. Using typewritten copy for a rough draft of a booklet and laying out rough art work as it might appear in the final version are also helpful. Similarly, posters, print ads, and flyers in rough but realistic form for pretesting are also useful.

Message pretesting, particularly in cancer education, is useful for determining whether program materials are understood by their audiences. For example, in pretesting the slide-tape presentation for its "Progress Against Breast Cancer"* public education program, National Cancer Institute program planners learned that the presentation was considered generally clear and informative. However, the pretest also revealed that the copy addressing the estrogen receptor assay needed simplification for maximum understanding by the target audience.

Pretesting also is useful to assess whether program messages (particularly radio and TV public service announcements) are remembered, whether they are considered personally relevant by members of the target audiences, whether there are any particularly weak points, and whether any potentially sensitive or controversial elements should be revised. An example of the latter is the testing of TV public service announcements that used bare-breasted women to demonstrate breast self-examination. Based on pretesting, program planners can gauge audience response elements of the message and refine them prior to final production—before potentially costly mistakes are made.

IMPLEMENTATION STAGE 4

Final production and placement of all program elements take place in stage 4, with appropriate care to be sure each aspect of the program is functioning as it was designed.

*Updated version is entitled "Breast Cancer: We're Making Progress Every Day."

ASSESSING IN-MARKET EFFECTIVENESS STAGE 5

This stage measures the effects of a public education program on target audience knowledge, attitudes, and practices. For example, the impact of the National Cancer Institute's breast cancer education program, "Progress Against Breast Cancer," was measured at 1-, 3-, and 5-month intervals among employees of AT&T. This assessment measured knowledge about breast cancer detection, diagnosis, and treatment; attitudes; and monthly BSE practice among women exposed to the education program and those who were not.

REPLANNING STAGE 6

In the sixth stage, all the information gathered through pretesting and evaluation research is analyzed to prepare for a new cycle of program messages and materials based on appropriate feedback. For example, planning for NCI's "Progress Against Breast Cancer" program was initiated in 1977 on the basis of the American Cancer Society's 1973 survey data and other available research studies. That program went through the full six-stage cycle over 4 years, and during that period, new biomedical information about breast cancer was released and new information about public knowledge, attitudes, and practices regarding breast cancer had been gathered. Based on the new knowledge, the program was updated and revised to meet current information and education needs. It is now called "Breast Cancer: We're Making Progress Every Day."

CHAPTER 4

CONSIDERATIONS FOR PLANNING INFORMATION AND EDUCATION PROGRAMS

The social science, communication, and health education literature contains many guidelines for program planners to consider when developing information and education programs. The following points are salient to the planning stage, when programs are being shaped and important resource and budgetary decisions must be made.

Research suggests that positive messages that stress the *benefits* of health behaviors, that give the individual a sense of control, and that reduce anxiety are more likely to succeed than negative ones.[3] Studies indicate that fear-arousing messages may not be appropriate for prompting people into action, since they can increase anxiety or result in denial.[4] TV messages that are entertaining, engaging, humorous, or dramatic are more likely to succeed in overcoming the public's tendency not to accept and remember health messages.[5] Repeating and reinforcing the same health message is likely to increase its effectiveness,[6] and concentrated bursts of messages in a short time frame have more impact than stringing the messages out over time.[7]

The credibility and expertise of the person or organization delivering the message can play an important role in increasing the likelihood of message acceptance. Specific suggestions about what people can do, where they can go for information, and how they can make decisions can reduce anxiety and motivate action.[8,9,10] Also, all program messages should stem from the same communications strategy, reflecting consistency among them.

The mass media—television, radio, newspapers, and magazines—are effective channels for reinforcing behavior change communicated through interpersonal channels (e.g., through health professionals, family members, or peers). Several studies have demonstrated that mass media messages can succeed in raising awareness or emphasizing the importance of a health issue, teaching skills or facilitating capability to act, and reinforcing continued practice or maintenance of newly adapted health behaviors. A combination of interpersonal education and mass media messages is most likely to succeed in changing behavior.

INTERPERSONAL EDUCATION ABOUT BREAST CANCER

Interpersonal education integrates the use of audiovisual films or programs, printed materials supporting these programs, and a personal presentation by a health professional or another credible source to educate and inform audience participants. Personal interaction is desirable for teaching people about breast cancer because breast cancer is a sensitive subject; people do not normally discuss issues related to breast cancer. Discussing breast cancer openly can increase understanding of the disease and alleviate fears and social stigmas surrounding it. In the case of breast cancer education programs, it is often desirable to involve a health professional who can answer technical questions, allay fears, teach BSE, and encourage regular BSE practice.

Various slide-tape presentations and films about breast cancer are available through health organizations and are effective with groups of women at organized meetings. The combination of sound and sight in a 20- to 30-minute presentation on film involves and interests audiences. These presentations can also stimulate discussion.

MASS MEDIA MESSAGES

Mass media messages include public service announcements on radio and television, stories and features in newspapers and on radio and television, posters, print advertisements, billboards, transit advertising, and dissemination through booklets and flyers.

Public service announcement (PSA) campaigns have been used with increasing frequency in recent years for health promotion and disease prevention. PSA's are radio or television advertisements sponsored by nonprofit groups and government agencies to promote programs, services, activities, or issues of community interest. Radio and television stations and networks donate broadcast air time for these announcements. In recent years, the American Cancer Society, the Cancer Information Service, and other cancer-related agencies have produced public service announcements about breast cancer.

However, public service time is scarce at the national level through the television networks. PSA's receive more play from network affiliates, independent stations, and cable stations, who fulfill their obligations to serve the public interest by broadcasting messages of importance to their communities. Therefore, local organizations succeed more often than national ones in presenting pertinent information about breast cancer. Organizations should monitor the style and tone of each local station's programing and public service advertising to keep its own public service messages in harmony with the station's requirements.

Television and radio talk shows and segments of nightly news programs are other excellent vehicles for presenting breast cancer information to the public. These programs, often produced at the local station level, devote a good deal of time to health subjects. Breast cancer program planners can be very helpful to producers of these programs by suggesting ideas, by giving names of doctors or patients who could be interviewed, and by providing background information on breast cancer.

"Soap operas," situation comedies, documentaries, and made-for-television movies have addressed breast cancer issues successfully and personalized the topic for viewers from all backgrounds. These programs are usually produced in New York or Los Angeles by the major film and television production companies. The American Cancer Society actively solicits and works with writers and producers to develop episodes that deal with breast cancer.

Local newspapers, national magazines, and community organization newsletters or bulletins are excellent ways to inform women about progress in breast cancer. These publications carry news information and feature articles, often with space enough for in-depth discussion of

breast cancer subjects. As noted earlier, American women report that newspapers and magazines are important sources to which they turn for health information.

In 1977 and 1980, the National Cancer Institute conducted analyses of newspaper coverage of cancer in the top 50 major daily newspapers. The studies examined over 2,100 stories from a 3-month period in 1977, and about 1,400 stories from the same 3-month period in 1980. These studies found that news coverage of cancer tends to focus on famous people who have cancer, causes of the disease, and treatments for it. Information on what the public can do to prevent cancer, detect it early, or cope with it was only in a small portion of the news stories examined.

To determine whether coverage of cancer was commensurate with incidence rates of cancer by body site, the stories were analyzed for each type of cancer mentioned. Two of the most prevalent cancers, breast cancer and lung cancer, were the specific cancer body sites mentioned most often in newspaper coverage of cancer. An analysis of the stories that mentioned breast cancer revealed that disease prevention was mentioned in about one-fourth of the stories, although early detection and the emotional aspects of the disease were described in only 5 percent of the stories.

Free advertising space in newspapers is often difficult to obtain. However, magazines will donate space to public service advertisers on an as-available basis. Newsletters of civic, social, and trade organizations are the good places to obtain free advertising space.

Booklets, flyers, and posters are used widely for health education programs. Booklets allow for in-depth explanation of complex subjects, graphic descriptions, and a glossary of terms. Flyers can be inexpensively printed on one or both sides of an 8½" x 11" sheet of paper. For example, BSE instructions can be printed on a flyer with instructions for posting in a woman's closet or medicine cabinet. Or announcements about forthcoming public education programs can be designed and mimeographed very inexpensively as flyers and posted throughout the community. Posters printed on heavier paper and in larger sizes can be produced and placed in highly visible areas to reinforce the message of a public information campaign; to announce the availability of services, programs, or free information; or to remind target audiences of the importance of practicing healthy behaviors.

CHAPTER 5

THE NATIONAL CANCER INSTITUTE'S BREAST CANCER INFORMATION MATERIALS EDUCATION PROGRAMS

Hundreds of programs and materials have been developed throughout the country to inform women about breast cancer. The National Cancer Institute has developed and field tested two public education programs which stem from the program objectives and communication strategies described earlier in this booklet.

"BREAST CANCER: WE'RE MAKING PROGRESS EVERY DAY" is a program intended for use by businesses, fraternal groups, women's clubs, and community organizations. It was field-tested among employees of American Telephone and Telegraph (AT&T), where it added to knowledge about breast cancer and increased the practice of breast self-examination. The program includes:

1. A SLIDE-TAPE OR VIDEOCASSETTE PRESENTATION

All the latest information on methods of breast cancer detection, diagnosis, treatment, and breast reconstruction is explained with accuracy and sensitivity in this program. Step-by-step instructions on how to perform breast self-exam ination are also included. The 16-minute slide-tape show has been adapted to videocassette formats to meet pro-graming needs.

2. A USER'S GUIDE

To assure that the presentation goes smoothly, the "User's Guide" takes the presenter through each step of conducting the program. Included are answers to common breast cancer questions, a checklist of activities, suggestions for including an expert in the presentation, and even a sample press release to publicize the organization's use of the program.

3. A PAMPHLET

"Breast Cancer: We're Making Progress Every Day" sums up the information in the program and provides step-by-step instructions in breast self-examination. Each audience member should take a copy home.

4. TWO POSTERS

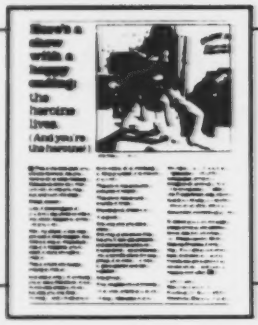
- An 11" x 14" color poster, "It's Not So Frightening Anymore," describes the progress being made against breast cancer.
- An 11" x 14" black-and-white poster, "Spend 30 Minutes in the Dark . . . and See the Light about Breast Cancer," serves as an announcement for the program and encourages attendance. Space is provided to write the day, place, and time of your presentation.

5. THE BREAST CANCER DIGEST

This newly revised book covers current medical, psychosocial, and educational aspects of the disease—including detection, diagnosis, treatment, rehabilitation, and breast reconstruction. It serves as a reference and resource guide for the program presenter.

6. *PRINT AD*

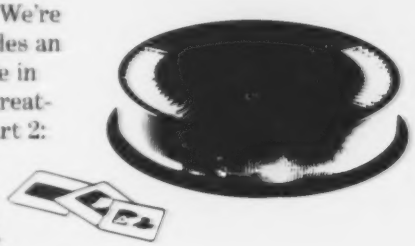
To encourage attendance and to publicize the organization's use of the program, a print ad featuring movie critic Gene Shalit's review of the program is included. The print ad comes in three sizes for flexibility in placing the ad.



"BSE-IN-HOSPITALS" is NCI's other public education program on breast cancer. "BSE-In-Hospitals" is a program that involves nurses in teaching hospitalized women to do breast self-examination. The program was tested in the Intermountain Health Care System of hospitals in Utah, Idaho, and Wyoming. Test results indicated that women who had been taught BSE in the hospital practiced breast self-examination more frequently, more thoroughly, and with more confidence than women who learned by other means. The program includes:

1. *A THREE-PART SLIDE-TAPE OR VIDEOCASSETTE PRESENTATION*

This presentation is designed to inform nurses about breast cancer and how to teach BSE. Part 1: Breast Cancer: "We're Making Progress Every Day" provides an overview of the progress being made in breast cancer detection, diagnosis, treatment, and breast reconstruction. Part 2: "Anatomy and Physiology of the Breast" provides information about the breast and its functions. Part 3: "Teaching Breast Self-Examination" provides step-by-step instruction in how to teach patients to perform BSE correctly. (Available in either slide-tape or videocassette format.)



2. A "COORDINATOR'S GUIDE"

A comprehensive handbook explains how to implement the program in the hospital setting. The handbook comes complete with audiovisual scripts, guidelines for the training classes for nurses, a news release for the hospital to use in publicizing its activities, and plans for program evaluation.

3. A BROCHURE FOR NURSES

"Teaching Breast Self-Examination. A Guide for Nurses" reinforces the information in the three-part audiovisual show. It includes a handy pocket-sized card of the basic points to be covered in BSE instruction, which the nurse can keep in her pocket for quick reference.

4. A PAMPHLET FOR PATIENTS

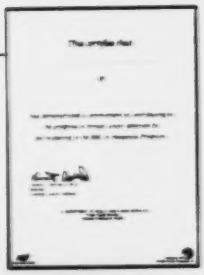
"Breast Exams: What You Should Know" should be given to each patient who receives BSE instruction. It describes the correct technique for performing BSE and includes step-by-step illustrations that can be removed and clipped to a medicine cabinet or closet door. In addition, information is provided on other breast cancer detection methods.

5. POSTERS

A series of four posters is provided for display in nurses' lounges or other central locations. The posters are intended to generate and maintain nurses' interest and enthusiasm and may be alternated every couple of months.

6. CERTIFICATES FOR NURSES

Nurses may be awarded a certificate upon completing the training program. Space has been provided for a hospital representative to sign and date the certificate.



7. THE BREAST CANCER DIGEST

This newly revised book, written for health professionals, covers current medical, psychosocial, and educational aspects of the disease, including detection, diagnosis, treatment, rehabilitation, and breast reconstruction.

For more information about the National Cancer Institute's breast cancer education programs contact Breast Cancer Education Program, National Cancer Institute, Office of Cancer Communications, Building 31, Room 4B41, Bethesda, Maryland 20205, (301) 496-6792.

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10. Robertson and Wortzel, op. cit.